

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

JOE KAUFMAN FOR CONGRESS

ADDRESS (number and street)

2645 EXECUTIVE PARK DRIVE STE 512

Check if different than previously reported. (ACC)

WESTON

FL

33331

2. FEC IDENTIFICATION NUMBER ▼

C C00501205

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

FL

20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on 11 / 04 / 2014 in the State of

(c) 30-Day POST-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on / / in the State of

5. Covering Period

10 / 01 / 2014 through 10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOE KAUFMAN

Signature of Treasurer JOE KAUFMAN

[Electronically Filed]

Date

10 / 23 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**JOE KAUFMAN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	579874.38
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	579874.38
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	19698.87	580446.84
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2067.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19698.87	578379.84
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	260990.14	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	93616.60	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**JOE KAUFMAN FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	157974.81
(ii) Unitemized.....	0.00	412399.57
(iii) TOTAL of contributions from individuals ▶	0.00	570374.38
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	9500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	579874.38
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	22948.21
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	22948.21
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	2067.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	604889.59

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19698.87	580446.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	823.50
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	823.50
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	19698.87	581270.34

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	280689.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	280689.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19698.87
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	260990.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bank of America</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 7001 N University Dr		Amount of Each Disbursement this Period 39.00
City Tamarac State FL Zip Code 33321	Purpose of Disbursement Purchase Checks	
Candidate Name	Category/Type	Transaction ID : SB17.54074
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL CAGING CORPORATION</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 504 SHAW ROAD SUITE 217		Amount of Each Disbursement this Period 500.00
City STERLING State VA Zip Code 20166	Purpose of Disbursement Indirect Prog Exp:Caging/Escrow	
Candidate Name	Category/Type	Transaction ID : SB17.54073
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CENTURY DATA SYSTEMS CORP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address 1155 - 15TH STREET, NW		Amount of Each Disbursement this Period 1260.00
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement Direct Mail Prog:Data Processing	
Candidate Name	Category/Type	Transaction ID : SB17.54065
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1799.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

**A. CONSOLIDATED MAILING SERVICES**

Full Name (Last, First, Middle Initial)

Mailing Address 504 SHAW ROAD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement Direct Mail Prog:Printing/Mailshop

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 02 / 2014

Amount of Each Disbursement this Period: 9282.49

Transaction ID : SB17.54066

**B. FIRST VIRGINIA COMMUNITY BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 11325 Random Hills Road

City Fairfax State VA Zip Code 22030

Purpose of Disbursement Indirect Prog Exp:Bank Charges

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 01 / 2014

Amount of Each Disbursement this Period: 109.72

Transaction ID : SB17.54064

**C. FIRST VIRGINIA COMMUNITY BANK**

Full Name (Last, First, Middle Initial)

Mailing Address 11325 Random Hills Road

City Fairfax State VA Zip Code 22030

Purpose of Disbursement Indirect Prog Exp:Bank Charges

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 06 / 2014

Amount of Each Disbursement this Period: 5.95

Transaction ID : SB17.54069

**SUBTOTAL** of Disbursements This Page (optional)..... 9398.16

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 32.50
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Prog Exp:Bank Charges	
Candidate Name		Transaction ID : SB17.54070
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. FIRST VIRGINIA COMMUNITY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 11325 Random Hills Road		Amount of Each Disbursement this Period 114.43
City State Zip Code Fairfax VA 22030	Purpose of Disbursement Indirect Prog Exp:Bank Charges	
Candidate Name		Transaction ID : SB17.54071
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. HESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 8550 N University Drive		Amount of Each Disbursement this Period 56.95
City State Zip Code FORT LAUDERDALE FL 33321	Purpose of Disbursement Gas	
Candidate Name		Transaction ID : SB17.54075
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	203.88
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 25			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 8550 N University Drive		Amount of Each Disbursement this Period 37.56 <b>Transaction ID : SB17.54090</b>
City FORT LAUDERDALE	State FL	
Zip Code 33321	Purpose of Disbursement Gas	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ELAINE LAFFEY</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 7305 NW 5TH PL #101		Amount of Each Disbursement this Period 291.94 <b>Transaction ID : SB17.54100</b>
City MARGATE	State FL	
Zip Code 33063	Purpose of Disbursement Office Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. LAKESIDE EXECUTIVE SUITES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 2645 Executive Park Drive Ste 594		Amount of Each Disbursement this Period 107.06 <b>Transaction ID : SB17.54083</b>
City Weston	State FL	
Zip Code 33331	Purpose of Disbursement Office rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	436.56
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 25			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. LEGACY LISTS, INC. - BROKERAGE**

Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Direct Mail ProgrList Rental Exp

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 02 / 2014

Amount of Each Disbursement this Period: 3573.20

Transaction ID : SB17.54067

Full Name (Last, First, Middle Initial)  
**B. LEGACY LISTS, INC. - MANAGEMENT**

Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Direct Mail ProgrList Rental Exp

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 02 / 2014

Amount of Each Disbursement this Period: 933.29

Transaction ID : SB17.54068

Full Name (Last, First, Middle Initial)  
**c. Modern Work Space**

Mailing Address 2514 Hollywood Blvd

City Hollywood State FL Zip Code 33021

Purpose of Disbursement Office rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 08 / 2014

Amount of Each Disbursement this Period: 1060.00

Transaction ID : SB17.54089

**SUBTOTAL** of Disbursements This Page (optional) ..... 5566.49

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SIMPKINS ESCROW LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 29243 St Just Dr		Amount of Each Disbursement this Period 284.57 <b>Transaction ID : SB17.54072</b>
City UNIONVILLE	State VA	
Zip Code 22567	Purpose of Disbursement Indirect Prog Exp:Caging/Escrow	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. TROPHIES BY EDCO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 3702 Davie Blvd.		Amount of Each Disbursement this Period 326.73 <b>Transaction ID : SB17.54076</b>
City Ft. Lauderdale	State FL	
Zip Code 33312	Purpose of Disbursement T-shirts	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.54084</b>
City Fort Lauderdale	State FL	
Zip Code 33332	Purpose of Disbursement postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1011.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 6759 SW 196TH AVE		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.54104</b>
City Fort Lauderdale	State FL	
Zip Code 33332	Purpose of Disbursement postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WIZO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2014
Mailing Address 1150 Kane Concourse 5th Floor		Amount of Each Disbursement this Period 368.00 <b>Transaction ID : SB17.54093</b>
City #1Bay Harbor Islands	State FL	
Zip Code 33154	Purpose of Disbursement Campaign Event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. WIZO</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 1150 Kane Concourse 5th Floor		Amount of Each Disbursement this Period 36.00 <b>Transaction ID : SB17.54101</b>
City #1Bay Harbor Islands	State FL	
Zip Code 33154	Purpose of Disbursement Campaign Event	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	804.00
<b>TOTAL</b> This Period (last page this line number only).....	19219.39

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.48978**  
**JOE KAUFMAN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN FOR CONGRESS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512		

City	State	ZIP Code
WESTON	FL	33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
04 / 24 / 2014	Upon demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	2000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.48979**  
**JOE KAUFMAN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN FOR CONGRESS</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE STE 512		

City	State	ZIP Code
WESTON	FL	33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11000.00	0.00	11000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
04 / 30 / 2014	Upon demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	11000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.5512**  
**JOE KAUFMAN FOR CONGRESS**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012  
**JOE KAUFMAN**  Primary  
 Mailing Address General  
 2645 EXECUTIVE PARK DRIVE  Other (specify) ▼  
 STE 512

City State ZIP Code  
 WESTON FL 33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3248.21	0.00	3248.21

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 07 / D 01 / Y 2011	M / D / Upon Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	3248.21
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9126

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE  
STE 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

5000.00

Cumulative Payment To Date

3800.00

Balance Outstanding at Close of This Period

1200.00

**TERMS**

Date Incurred

M 12 / D 31 / Y 2011

Date Due

M / D / Y Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1200.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.20680**  
**JOE KAUFMAN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>	<b>[PERSONAL FUNDS]</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		

City	State	ZIP Code
WESTON	FL	33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 20 / Y 2012 Y	M M / D D / Upon Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....	5000.00
<b>TOTALS</b> This Period (last page in this line only).....	

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22542

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

M 07 / D 05 / Y 2012 Y

Date Due

M / D / Y Upon Demand Y Y Y

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

500.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.22543

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M

D 13 D

Y 2012 Y

M M

D D

Upon Demand

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

5000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.22544**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **JOE KAUFMAN** *[PERSONAL FUNDS]* Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 2645 EXECUTIVE PARK DRIVE # 512

City State ZIP Code  
 WESTON FL 33331

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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**TERMS**

Date Incurred M 07 / D 16 / Y 2012	Date Due M / D / Y Upon Demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 1000.00

**TOTALS** This Period (last page in this line only)..... ▶ [ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.26611

**JOE KAUFMAN FOR CONGRESS**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**JOE KAUFMAN**

Primary

General

Other (specify) ▼

Mailing Address

2645 EXECUTIVE PARK DRIVE # 512

City

State

ZIP Code

WESTON

FL

33331

Original Amount of Loan

3200.00

Cumulative Payment To Date

823.50

Balance Outstanding at Close of This Period

2376.50

**TERMS**

Date Incurred

08 / 15 / 2012

Date Due

Upon Demand

Interest Rate

0.00 % (apr)

Secured:

Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

2376.50

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JOE KAUFMAN FOR CONGRESS** Transaction ID : **SC/10.50920**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **JOE KAUFMAN** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 2645 EXECUTIVE PARK DRIVE # 512

City State ZIP Code  
 WESTON FL 33331

Original Amount of Loan 6000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 6000.00
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**TERMS**

Date Incurred M M / D D / Y Y Y Y 08 / 20 / 2014	Date Due M M / D D / Y Y Y Y Upon Demand	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	-------------------------------	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 6000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.50921**  
**JOE KAUFMAN FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>JOE KAUFMAN</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2645 EXECUTIVE PARK DRIVE # 512		

City	State	ZIP Code
WESTON	FL	33331

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 20 / Y 2014 Y	M M / D D / Upon Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="6000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="43324.71"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**JOE KAUFMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>BASE CONNECT, INC.</b>	Nature of Debt (Purpose): Direct Mail Creative Fees
Mailing Address 1155 15th St NW STE 410	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 20235.44	<b>Transaction ID : SD10.33907</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20235.44

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CENTURY DATA SYSTEMS CORP</b>	Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 1155 - 15TH STREET, NW	
City State Zip Code WASHINGTON DC 20005	

Outstanding Balance Beginning This Period 6552.89	<b>Transaction ID : SD10.33908</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6552.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DIRECT MAIL PROCESSORS, INC.</b>	Nature of Debt (Purpose): Direct Mail Program Postage
Mailing Address 2976 Penwick Lane	
City State Zip Code Dunkirk MD 20754	

Outstanding Balance Beginning This Period 102.55	<b>Transaction ID : SD10.33909</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 102.55

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	26890.88
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>INTEGRAM</b>		Nature of Debt (Purpose): Direct Mail Program Printing & Mailshop
Mailing Address 22695 Commerce Center Court		
City State	Zip Code	
Dulles VA	20166	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33910</b>	
<input type="text" value="10210.45"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10210.45"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LEGACY LISTS, INC. - BROKERAGE</b>		Nature of Debt (Purpose): Direct Mail List Rental
Mailing Address 1155 - 15TH STREET, NW SUITE 410		
City State	Zip Code	
WASHINGTON DC	20005	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33911</b>	
<input type="text" value="6327.81"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6327.81"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>LEGACY LISTS, INC. - MANAGEMENT</b>		Nature of Debt (Purpose): Direct Mail List Management
Mailing Address 1155 15th St NW		
City State	Zip Code	
Washington FL	20005	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.33912</b>	
<input type="text" value="6769.75"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="6769.75"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="23308.01"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**JOE KAUFMAN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>SIMPKINS ESCROW LLC</b>	Nature of Debt (Purpose): Indirect Prog Exp Caging & Escrow
Mailing Address 29243 St Just Dr	
City State Zip Code UNIONVILLE VA 22567	

Outstanding Balance Beginning This Period 93.00	<b>Transaction ID : SD10.33913</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 93.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	93.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	50291.89
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	43324.71
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	93616.60